

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement for date of service 12-7-01.
- b. The request was received on 6-20-02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Letter Responding to Request for Dispute Resolution.
3. No carrier sign sheet was noted in the dispute packet. All information will be reviewed.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 7-17-02:

“We billed procedure code 29815 (shoulder arthroscopy) for date of service 12/7/01 in the amount of \$506.00. This procedure should not have been reduced by the insurance carrier. This procedure along with procedure code 23466 (capsulorrhaphy, shoulder) were performed through separate incision [sic] per the operative report, which is attached. Both procedures should have been paid at 100% of the TWCC fee schedule of \$2529.00. We have received payment of \$2276.00. We are expecting additional payment of \$253.00.”
2. Respondent: Letter dated 7-11-02:

“It is (Respondent’s) belief that (Provider) was reimbursed per the Texas Fee Schedule and that he is due no further reimbursement for date of service 12/7/01.”

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 12-7-01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. The carrier has denied the disputed service as reflected on the EOB as, "F – Z560 – THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY VALUES AS ESTABLISHED BY .....".
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
12-7-01	29815	\$506.00	\$253.00	F	\$506.00	MFG SGR (I) (D) (1) (b) (ii) (c); CPT Descriptor	Per the MFG Surgery Ground Rules, the major procedure reflecting the greatest MAR value is the primary procedure. The Requestor has billed CPT Code 23466 as the primary procedure. For CPT Code 29815, the Requestor billed the MAR amount, \$506.00. The Carrier paid \$253.00. Because the Requestor's operative note indicates a secondary procedure, related to the shoulder repair was performed through a separate incision, this CPT Code is subject to the multiple procedure rule. The Carrier's reimbursement in the amount of <b>\$253.00</b> (1/2 of \$506.00 MAR = \$253.00) was appropriate and no additional reimbursement is recommended.
<b>Totals</b>		\$506.00	\$253.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 17<sup>th</sup> day of January 2003.

Lesia Lenart  
 Medical Dispute Resolution Officer  
 Medical Review Division

LL/ll